

STATE OF TENNESSEE DAVIDSON COUNTY CHANCERY COURT	SUBPOENA (ORDER TO APPEAR) Medical Records (See HIPAA Requirement Below)	CASE FILE NUMBER
PLAINTIFF	DEFENDANT	
TO: (Name, Address & Telephone Number of Witness)		
<div style="text-align: right;"> Method of Service: <input type="checkbox"/> Davidson Co. Sheriff <input type="checkbox"/> Personal Service <input type="checkbox"/> Out of County Sheriff </div>		
You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in punishment by fine and/or imprisonment as provided by law.		
TIME	DATE	ITEMS TO BRING: ____ Additional List Attached
PLACE Chancery Court, Part _____ 1 Public Square Fourth Floor Nashville, Tennessee 37201 (OR)		<div style="text-align: right;"> Deputy Clerk and Master </div>
This subpoena is being issued on behalf of ____ Plaintiff ____ Defendant		
Attorney: (Name, Address & Telephone Number)		
ATTORNEY'S SIGNATURE:		
AGENT: AGENT'S SIGNATURE:		DATE ISSUED Cristi Scott, Clerk and Master By: <div style="text-align: right;"> Deputy Clerk and Master </div>
HIPAA NOTICE A copy of this subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the _____ day of _____, 20 ____ so as to allow him/her seven (7) days to: (A) serve the recipient of the subpoena by facsimile with a written objection to the subpoena, with a copy of the notice by facsimile to the party that served the subpoena, and (B) simultaneously file and serve a motion for a protective order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule § 22.10. If no objection is made within seven (7) days of the above date, you shall process this subpoena and produce the documents by the date and time specified in the subpoena. The signature of counsel or party on the subpoena is certification that the above notice was provided to the patient.		
ADA Coordinator, Cristi Scott (862-5710)		

RETURN ON SERVICE

Check one: (1 or 2 are for the return of an authorized officer or attorney; an attorney's return must be sworn to; 3 is for the witness who will acknowledge service and requires the witness's signature.)

1. ____ I certify that on the date indicated below I served a copy of this subpoena on the witness stated above by

2. ____ I failed to serve a copy of this subpoena on the witness because

3. ____ I acknowledge being served with this subpoena on the date indicated below:

Sworn to and subscribed before me on this ____ day of _____, 20 ____.

Signature of ____ Notary Public or ____ Deputy Clerk

My Commission Expires:

DATE OF SERVICE

SIGNATURE OF WITNESS, OFFICER, ATTORNEY OR
ATTORNEY'S AGENT

Submit three: Original, Witness Copy & File Copy